Application No.: 09/982,242

Applicant: Canagasaby et al.

Filed: October 16, 2001

TC/A.U.: 2128

Examiner: Cuong V. Luu

Docket No.: 42390.P11916X

Customer No.: 08791

Confirmation No.: 8029

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA

22313-1450.

January 9, 2006

Date of Deposit

Carrie Boccaccini

of Person Mailing Correspondence

fature ()

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.

AMENDMENTS

Sir:

In response to the Office Action of September 8, 2005, please reconsider the aboveidentified application in view of the following amendment and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

FEE TRANSMITTAL 2005 Patent Research Subject to entrust nevertion.		Complete if Known		
		Application Number	09/982,242	
		Filing Date	October 16, 2001	
		First Named Inventor	Karthisha S. Canagasaby	
Applicant claims small entity status. See 37 CFR 1.27.		Examiner Name	Cuong V. Luu	
		Art Unit	2128	
TOTAL AMOU	T OF PAYMENT (\$) 120.00	Attorney Docket No.	42390P11916X	
METHOD OF PAYMENT (check all that apply)				
□ Credit card □ Money Order □ None □ Other (please identify):				
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee				
☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments				
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.				
unuoi 57 Ci R 99 1.10, 1.17, 1.10 ana 1.20.				
FEE CALCULATION				
1. EXTRA CLAIM FEES Botton Fee trom				
Ctaims below Fee Paid Total Claims 30 30° 0 x 50.00 ° \$0.00				
Independent				
Ctatrins 3 0 X 200.00 S0.00				
Large Gridly Small Bridly				
Fee Fee Fee Fee Description				
Code (B) Code (S)				
1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3				
1203 360 2203 180 Multiple Dependent claim, if not paid				
1204 300 2204 150 "Reissue tribependent claims over original patent "or number previously peld, if greater, For Reissues, see below 1205 300 2205 150 "Reissue claims in excess of 20 and over original patent"				
SUBTOTAL (1) (5) 0.00				
				
2. ADDITIONAL FEES Large Entity Small Entity				
Foe Foe Code (5)	Fee Fee Code (\$) Fee Description		Fee Paid	
1051 130	2051 65 Surcharge - late (liting fee or cath			
1052 50	2052 25 Surcharge - late provisional filing fee or cover shee	1 .		
2053 130	2053 130 Non-English specification		120.00	
1251 120 1252 450	2251 60 Extension for reply within first month 2252 225 Extension for reply within second month	,		
1253 1,020	2253 510 Extension for repty within third month			
1254 1,590 1255 2,160	2254 795 Extension for reply within fourth month 2255 1,080 Extension for reply within fifth month			
1401 500	2401 250 Notice of Appeal			
1402 500 1403 1,000	2402 250 Filing a brief in support of an appeal 2403 500 Request for oral hearing			
1451 1,510	2451 1,510 Petition to institute a public use proceeding			
1460 130 1807 50	2460 130 Petitions to the Commissioner 1807 50 Processing fee under 37 CFR 1.17(q)		<u> </u>	
1806 180	1806 180 Submission of Information Disclosure Stmt			
1809 790	1809 395 Filing a submission after final rejection (37 CFR § 2810 395 For each additional invention to be examined (37 CFR § 2		——	
1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) Other (see (specify)				
	SUBTOTAL (2)		(5) 120.00	
SUBMITTED BY		Degistration No.	Complete (if applicable)	
Name (Print/Type)	Elena B. Dreszer	Registration No. (Attorney/Agent)	55,128 Telephone (408) 720-8300	

01/09/06

Date